

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/714792	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1					1			51						
2					1			52						
3					1			53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.							7							
TOTAL DEP.							43							
TOTAL CLAIMS							50							

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	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					/
2							52					/
3							53					/
4							54					/
5							55					/
6							56					/
7							57					/
8							58					/
9							59					/
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12							62					/
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15							65					/
16							66					/
17							67					/
18							68					/
19							69					/
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21							71					/
22							72					/
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30							80					/
31							81					/
32							82					/
33							83					/
34							84					/
35							85					/
36							86					/
37							87					/
38							88					/
39							89					/
40							90					/
41							91					/
42							92					/
43							93					/
44							94					/
45							95					/
46							96					/
47							97					/
48							98					/
49							99					/
50							100					/
TOTAL IND.	4		4				TOTAL IND.					
TOTAL DEP.	33	→	23	→			TOTAL DEP.					
TOTAL CLAIMS	37		27				TOTAL CLAIMS					